REMARKS/ARGUMENTS

Claims 24 -29, 32 and 33 are pending in the present application. The following remarks are believed to be fully responsive to the Office Action.

35 USC § 103 (a) Rejection

Claims 24 and 32-33 stand rejected under 35 USC § 103(a) as being unpatentable over Mistretta et al. (Mistretta") in view of Stark et al ("Stark") alone and in further view of Schurfeld et al. ("Schurfeld") or Lerman et al. ("Lerman").

In the Office Action dated October 29, 2007, the Examiner holds that the combination of Mistretta and Stark leads to the method of MR imaging where the image data obtained is indicative of renal stenosis. Further, Schurfeld et al discloses that "a higher graded renal artery stenosis causes a reduced arterial perfusion", and Lerman et al discloses that perfusion correlates significantly with severity of stenosis. Hence, the Examiner holds that the MR data obtained by Stark being indicative of renal stenosis grade inherently also is indicative of renal perfusion. We respectfully point out that Schurfeld speaks of a higher graded stenosis and that Lerman discloses that perfusion correlates with severity of stenosis in the specific cases of their study. However, renal stenosis will not always result in reduced renal perfusion. The presence of a stenosis would in no way indicate reduced renal perfusion. This fact is actually the basis and background of the present invention.

Renal disease can sometimes be caused by renal artery stenosis. If the presence of a renal artery stenosis is detected, it is important to determine whether this is actually related to the patient's hypertension or renal insufficiency since only 10% of renal disease is due to renovascular abnormalities with the rest generally being caused by diseases of the renal parenchyma, e.g. inflammatory diseases such as glomerulonephritis. Since renoparenchymal and renovascular diseases can co-exist, it is important to determine the extent to which a renal artery stenosis is contributing to the overall malfunctioning of the kidney, i.e. to determine the hemodynamic and functional significance of the stenosis. In this connection it is also important to determine whether the benefit to the patient's renal function from removal of a renal artery stenosis will outweigh the risks of intervention.

According to the present invention quantification of both the morphological degree of renal artery stenosis and the renal parenchymal perfusion can be achieved in a single MR examination if a blood pool contrast agent, i.e. a contrast agent that remains in the intravascular space during the time course of the examination is used. The quantitative data generated from the two sets of images may be correlated with each other to enable the physician to differentiate between renovascular and renoparenchymal damage and assess the likelihood of success for interventional surgery.

Even if the combination of Mistretta and Stark would lead one skilled in the art to use MR imaging for determining the presence of a renal stenosis, and even if Schurfeld and Lerman indicate that stenosis might cause reduced renal perfusion, none of these prior art documents disclose, teach or even suggest quantification of both in a single examination, and

further using the values obtained to investigate the potential relation between the stenosis and the renal disease. None of these prior art documents are related to renal perfusion and do not in any way disclose or teach deriving values indicative of renal perfusion by MRI examination. Applicants respectfully submit that it is impermissible within the framework of 35 U.S.C. §103 to pick and choose from any one reference only so much of it as will support a given position to the exclusion of other parts necessary to the full appreciation of what such reference fairly suggests to one skilled in the art. *Bausch & Lomb, Inc. v. Barnes-Hind/Hydrocurve, Inc.*, 796 F.2d 443 (Fed. Cir. 1986). (emphasis added). Applicants also wish to present that "the prior art itself must provide a motivation or reason for the worker in the art, without the benefit of the Applicant's specification, to make necessary changes in the reference device". See, *Ex parte Chicago Rawhide Manufacturing Co.*, 226 U.S.P.Q. 438 (PTO Bd. App. 1984).

Based on the aforementioned, Applicants would like to stress to the Examiner that the presence of a stenosis clearly does not mean that we have reduced perfusion. Stenosis is not indicative of perfusion.

Claims 25-27 are rejected under stand rejected under 35 USC § 103(a) as being unpatentable over Mistretta in view of Stark alone or further in view of Schurfeld or Lerman in view of Berg. Since claims 25-27 only introduce further limitations to the present invention, claims 25-27 will stand or fall based on independent claim 24.

Claim 28 is rejected under stand rejected under 35 USC § 103(a) as being unpatentable over Mistretta in view of Stark alone or further in view of Schurfeld or Lerman and in further view of Fischer. Since claim 28 only introduces further limitations to the present invention, claim 28 will stand or fall based on independent claim 24.

Claim 29 is rejected under stand rejected under 35 USC § 103(a) as being unpatentable over Mistretta in view of Stark alone or further in view of Schurfeld or Lerman and in further view of McMurray. Since claim 29 only introduces further limitations to the present invention, claim 28 will stand or fall based on independent claim 24.

Accordingly, Applicants respectfully request that the Examiner withdrawal the rejections for claims 24-29and 32-33 under 35 U.S.C. §103(a) and direct that these claims be allowed.

CONCLUSION

Upon entry of this Amendment, claims 24-29 and 32-33 remain pending. Applicants submit that all outstanding issues have been addressed, and that claims 24-29 and 32-33 are in condition for allowance, which action is earnestly solicited.

Again, the Commissioner is hereby authorized to charge any fees under 37 CFR §1.16(j) or 37 CFR 1.136(a) which may be required, or credit any overpayment, to Deposit Account No. 502-665 in the name of GE Healthcare, Inc.

Should any other matters require attention prior to allowance of the application, it is requested that the Examiner contact the undersigned.

Respectfully submitted,

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